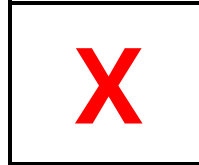


ENTER YOUR COMPANY'S NAME HERE

Please Select between Component A or Component B (NOT BOTH)

COMPONENT A

RECOMMENDATION # 6:
PRECONCEPTION CARE



COMPONENT B

RECOMMENDATION # 8:
COMPREHENSIVE FAMILY
PRACTICE TEAM MODEL



Line Item Budget

Line Item Description	Year 1 (Aug 1, 2008 to June 30, 2009)		Year 2 (July 1, 2009 to June 30, 2010)		Year 3 (July 1, 2010 to June 30, 2011)	
	Annual Budget	Monthly Budget (If applicable)	Annual Budget	Monthly Budget (If applicable)	Annual Budget	Monthly Budget (If applicable)
Personnel Costs						
Fringe Benefits						
Office Supplies						
Client Incentives						
Transportation Assistance						
Computer Supplies						
Insurance						
Rent						
Printing						
Postage						
Training and Convention						
Educational Brochure						
Meeting / Group Sessions						
Medical Supplies						
Indirect Cost						
Other 1 (Describe)						
Other 2 (Describe)						
Other 3 (Describe)						
Total	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -